

City of Flatonia
Pool Rental Application
(In accordance with City Ordinance 2024.3.1)

Reservations for private parties may be made at City Hall. Reservations must be made at least three days in advance. Reservations are not considered to be official until the rental application is received and all fees are paid in full. One lifeguard is required for every 10 swimmers.

Rental Information		
Rental Date:	Rental Time: <div style="text-align: center; margin-top: 10px;">7 PM – 10 PM</div>	
Number of guests in pool:	Lifeguards Needed:	
Deposit: <div style="text-align: center; margin-top: 10px;">\$50</div>	Rental Fee: <div style="text-align: center; margin-top: 10px;">\$150</div>	Lifeguard Fee: \$15/hr per lifeguard
Contact Information		
Renter Name:	Renter Mailing Address:	
Renter Phone No.:	Renter Email:	

By signing below, you acknowledge and agree to the following:

- Cleaning is the responsibility of the renter. Otherwise, the deposit will be forfeited.
- The renter shall accept all responsibility for protecting the property and equipment and assume all liability for repairs or replacement necessitated by any damage done to buildings, equipment, or other property used by the Renter.
- The renter shall keep a copy of this form during the time of the rental.

Signature

Date

Printed Name

HOLD HARMLESS AGREEMENT

The renter is responsible for guests' conduct. Failure to follow the pool rules and regulations or problems with guests' conduct at a party may result in expulsion, loss of the future privilege of renting City amenities, and possible municipal court action.

The undersigned agrees to indemnify and hold harmless the City of Flatonia and its elected and/or appointed officials, agents, and employees from and against all claims, damages, losses, and expenses, including attorney's fees and exemplary damages, arising out of the rental and use of City amenities. Such claims, damages, losses, and/or expenses made the subject of this Agreement are to include, without limitation, claims for bodily injury, sickness, disease, death, or injury to or destruction of tangible property, real or personal, including the loss of use resulting therefrom.

I acknowledge that I have read and understand this Agreement and have received a copy of the park rules.

Signed this _____ day of _____, _____.

Signature

Date

Printed Name

Office Use Only

Confirmed by:

Date:

List lifeguards to work:

Refunds (as Applicable): ☐ Deposit ☐ Fee ☐ Lifeguard Fee

If any portion of the refund is being withheld, state the reason:

Date of Refund (initial): _____